Eastern Regional Mental Health Board, Inc.

The citizen's voice in mental health policy.

The DMHAS Budget: An Opportunity

Robert E. Davidson, Ph.D.
President, NAMI-CT and Executive Director, ERMHB

This is a sad year. We are all sad, but people with mental illness will suffer more because one *un*diagnosed angry person did a terrible thing. The best we can do is take this opportunity to strengthen a *good* system and resist the temptation to do things that won't help, but may make some people feel that they are doing something. We are grateful for the chance to expand mental health screening and treatment, but sad that it came at such a price.

Newtown has taken some pressure off the DMHAS budget. It even includes some caseload growth. **Young Adult Services** is the fastest growing part of the DMHAS budget, but it is still far below demand, especially from people who did not come up through DCF. Young people have different problems, diagnoses, reactions, and needs. I thank you for recognizing this and urge you to take every chance to strengthen this part of the system.

School-based mental health centers are under the Department of Public Health, not the DMHAS budget. Many people have spoken of the need to identify and intervene in behavioral problems earlier to prevent people from getting so angry and out of control that they snap. Last year *you* added funding for twenty new centers, but DPH stalled until the money was rescinded last fall. We urge you to restore this money, and also help DPH see it as part of its core mission.

Popular reaction to the tragedy seems to involve equal parts of blame for people with mental illnesses and calls for attention to their unmet needs. Unfortunately, the blame gets in the way of the attention, through misguided proposals like **outpatient commitment** (forced medication) which **won't work** for long, will damage treatment relationships, and will divert resources from positive engagement strategies.

Research—and common sense-- show that people fear people with mental illness because *they do not know or understand them.* NAMI has a program called **In Our Own Voice (IOOV),** in which pairs of people with mental illnesses tell audiences about their ups and downs, and emphasize that recovery happens, and has happened to them. We cannot meet the demand for these (very inexpensive) presentations. We also have *no* funding for **peer support and education** groups, a crucial support for people in the middle stages of recovery who need help moving from dependence to autonomy.

NAMI has rated the Connecticut as one of the best mental health system in the country, well-designed, but under-funded. One reason is that DMHAS has **strong and stable leadership** that continually improves program design and efficiency. Another reason is that we have an unusually strong **advocacy system.** The "Keep the Promise" buttons you see all around you today are part of it. (In fact, keeping Gov. Rowland's promise to fully fund the community system when closing two state hospitals would shorten our evening here considerably.)

So is the **Connecticut Legal Rights Project (CLRP).** CLRP is an admirable combination of individual and group advocacy, seeing the policy implications of its individual cases. CLRP has a constructive working relationship with most of DMHAS, collegial when possible, adversarial when necessary. Cutting its funding will slow down the evolution of care from state hospitals to one with less need for a hospital level of care. **Funding more community placements** and **supportive housing** will also free up *community* hospital beds and ER space for those with short term needs by giving access to CVH to those who really need it. Thank you for your help in this sad year.

401 West Thames Street · Campbell Building, Unit 105 · Norwich, CT 06360
Phone (860) 886- 0030 · Fax (860) 886-4014
Website: www.ermhb.org